FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washington, D.C. 205	549	
STATEMENT OF	CHANGES IN BEI	NEFICIAL OW	NERSHIP

IL

OMB APP	PROVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	. 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					_														
Name and Address of Reporting Person* Piacquad David				2. Issuer Name and Ticker or Trading Symbol AMGEN INC [AMGN]									licable)	g Person(s) to	Issuer Owner				
Tucqua Davia																			
(Last) (First) (Middle)			3 D	Date of Earliest Transaction (Month/Day/Year)							\dashv	X	Officer (give title below)		Otne belov	r (specify v)			
` ′	`	, ,	ivilduic)			25/20					, ,					SV	P, Busines	s Developme	ent
ONE AMGEN CENTER DRIVE			"=5,=5,5																
,				_															
(Street)			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)															
THOUSA	AND CA	A 9	91320-17	'99											X	Form	n filed by One	Reporting Pe	son
OAKS														Form filed by More than One Reporting					
-					1											Pers	on		
(City)	(St	ate) (Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of S	Security (Inst	r. 3)		2. Transa	ction								ount of	6. Ownership	7. Nature				
Date (Month/Day			ay/Yea	Execution Date y/Year) if any		Date,	Transaction I		Disposed Of (D) (Instr. 3, 4		3, 4 an	´ Benef		ficially (D	Form: Direct (D) or Indirect	of Indirect Beneficial			
					(Month/Day/\		y/Year)	ar) 8)						Owne Repor		d Following ted	(I) (Instr. 4)	Ownership (Instr. 4)	
								Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(,	
			(0.04.0	+					24.	+			0.4	•	•				
Common Stock 04/25/2				/2018	2018 F 217 D \$		\$171	71.94 35,787(1)(2)		D									
		Ta	ble II - I	Derivat	ive S	ecui	rities	Acaui	ired. D	ispo	sed of,	or B	3enef	iciall	v Ov	vned			
											onvertib				,				
1. Title of	2.	3. Transaction				4.				6. Date Exercisable and			7. Title and		8. Price o		9. Number o		11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	n Date,	Transa Code (Expiration Date Amount of (Month/Day/Year) Securities				Derivativ Security		derivative Securities	Ownership Form:	of Indirect Beneficial		
(Instr. 3) Price of (Month/D						Sec		Securities		, Underlying			(Instr. 5)		Beneficially	Direct (D)	Ownership		
Derivative Security						Acquired (A) or					Derivative Security (Instr. 3				Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)		
				Dispo		Disposed and 4)							Reported						
								of (D) (Instr. 3, 4									Transaction(s) (Instr. 4)	(5)	
				L		and 5))							_				
													An or	ount					
										Nu	mber								
					Code	v	(A)		Date Exercisa	able	Expiration Date	Title	of e Sh	ares					

Explanation of Responses:

- 1. These shares include the following Restricted Stock Units (RSUs) granted under the Company's equity plans: 357 RSUs which vest in one installment on 1/30/2019; 1,023 RSUs with vest in 3 annual installments of 337, 338 and 348 on 5/3/2019 and 5/3/2020, respectively; and 984 RSUs which vest in installments of 324 on 5/1/2019, 325 on 5/1/2020 and 335 on 5/1/2021. Vested RSUs will be paid in shares of the Company's common stock on a one-to-one basis.
- 2. These shares include 112 Dividend Equivalents (DEs) granted pursuant to the Amgen Inc. 2009 Amended and Restated Equity Incentive Plan and subject to a qualifying dividend reinvestment plan. DEs are credited on the reporting person's unvested RSUs and are paid out in shares of the Company's common stock on a one-to-one basis according to the vesting schedule, along with a cash payment for any remaining fractional amount.

/s/ David A. Piacquad 04/26/2018

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.